

Exhibit 16

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Section: A

EDITORIAL OBSERVER; What? Condoms Can Prevent AIDS? No Way!

HELENE COOPER

Editorial Observer by Helene Cooper says United States International Aid Agency has been asked by Sen Tom **Coburn** to cut funding to programs in Mexico, Honduras, Nicaragua and Guatemala that seek to educate prostitutes about dangers of **HIV** infection and importance of use of condoms; says it is hopeful that many of **Coburn's** fellow Republican senators disagree with him and have told USAid administrator Andrew Natsios to reconsider (M)

Six years ago, former prostitutes in several Central American countries began going to brothels, beer halls, bars and discos from Tegucigalpa to Managua and Mexico City. Every night, these women walked out of their homes and into the red-light districts in the poorest parts of these very poor cities. They carried over their shoulders bags filled with their props for the night.

Their aim was simple: to teach their former colleagues about the dangers of H.I.V. and AIDS and how to protect themselves and others.

Because so many of the prostitutes are illiterate, each shoulder bag of props contained materials for a game called Loteria (lottery). The game is like bingo; the prostitutes sit around a table and receive game cards, each with three rows and three columns: nine squares in all. Each square has a picture, like a palm tree, a doctor or a couple. The teacher holds up a pictograph card and calls out the name of what is pictured.

For instance, holding up a picture of a palm tree, the H.I.V. educator says, "La palmera," and then explains how condoms help people avoid H.I.V. and AIDS, just as palm trees help them avoid sunburn. Or, holding up a picture of la pareja (the couple), the teacher may mention the need to talk about condoms with a client or a partner.

If a game participant finds the pictograph on her Loteria card, she places a chip on that image. The first player to cover all nine images on her card wins a small prize.

Simple and straightforward, right? Well, not to Senator Tom **Coburn**, the Oklahoma Republican who recently wrote to President Bush to demand that the United States stop financing this preventive program, run by Population Services International, a nonprofit group.

"The project which has been funding these prostitute parties is up for renewal, and P.S.I. has applied for tens of millions more to continue the project," Mr. **Coburn** wrote. "There is something seriously askew at USAid when the agency's response to a dehumanizing and abusive practice that exploits women and young girls is parties and games."

Mr. **Coburn** also complained about the Noches Vives program: noches means nights, and Vives is a brand of condoms. Because most prostitutes in poor countries don't show up at local clinics to ask for condoms, P.S.I. sponsors Noches Vives, which has aid workers go to bars, brothels and other places where prostitutes congregate. They go from table to table, asking prostitutes and their clients for 5 or 10 minutes of their time. They hand out condoms and, sometimes using bananas as props, show people how to use them.

"It's a simple activity for largely illiterate people," said Michael Holscher, the regional executive director for P.S.I. "We can't just stand up in a bar and say, 'AIDS will kill you.' With an interactive activity, we can hold their attentions, sometimes for as long as an hour."

Apparently one hour of AIDS prevention in a Guatemala bar is one hour too long for the senator from Oklahoma's delicate sensibilities. He called Noches Vives a "misuse of funds to organize and sponsor parties and dance contests to exploit victims of the sex trade."

Shortly after Mr. **Coburn's** letter went out, Population Services International received word from the United States Agency for International Development that it was cutting off money for the program.

Many of Mr. **Coburn's** fellow Republican senators disagree with him. Larry Craig of Idaho, Orrin Hatch of Utah and Gordon Smith of Oregon have asked USAid's administrator, Andrew Natsios, to reconsider.

"Controlling infectious diseases abroad is domestic policy as much as foreign," Mr. Craig said. "Ignoring the problem by hamstringing proven programs is a disservice to U.S. citizens who are impacted by the wave of immigrants from these countries."

No kidding. It is also an absurd approach to curtailing AIDS. Mr. **Coburn**, a doctor, has apparently forgotten everything they taught him in medical school. Any doctor with sense knows that while abstinence may be a surefire way to prevent AIDS, teaching condom usage to prostitutes isn't far behind.

Let's hope the folks at USAid come to their senses soon.

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Exhibit 17



USAID's Expanded Response to HIV/AIDS



U.S. Agency for
International
Development

June 2002

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Preventing Mother-to-Child Transmission (MTCT).

Recent studies have shown that short, affordable courses of antiretroviral therapy for HIV-infected pregnant women can reduce HIV transmission to newborn babies by 20 to 50 percent. USAID currently funds programs using antiretroviral drugs to reduce mother-to-child transmission in four countries, and expects to add additional programs in the coming year.

- In Zambia, USAID supports an innovative community-based program in Ndola District that provides education on HIV and infant feeding choices and offers referral to the district health center for testing and counseling. This program is adding antiretroviral prophylaxis. This innovative model will be expanded to Malawi this year.
- In South Africa, USAID is providing management support to the MTCT program at Chris Hani Baragwanath Hospital in Soweto. This hospital, which performs 16,000 deliveries per year, provides MTCT services to women delivering in the hospital and has established MTCT services in more than 10 outreach centers.
- In Uganda, USAID is supporting MTCT services in Mulago Hospital (in Kampala) along with the Elizabeth Glaser Pediatric AIDS Foundation. USAID funds the testing and counseling components, while the hospital is providing the antiretroviral drugs and antenatal care.
- In Kenya, USAID currently supports MTCT prevention projects in three sites. This is a collaborative effort with the government of Kenya, UNICEF, UNAIDS, the World Health Organization, and African researchers. An important part of this effort is a comprehensive operations research study, so that USAID can learn from the experience and share the knowledge gained.

Voluntary Counseling and Testing (VCT) is an Important Tool. USAID-funded research shows that when voluntary counseling and testing services are accessible, affordable, and secure, the number of people who take steps to learn their HIV/AIDS status

increases dramatically. Studies in many countries show that knowing HIV status, and how to prevent infection, promotes more responsible behavior among both infected and uninfected individuals. It also opens the door to additional care and support services and helps to overcome the stigma associated with HIV/AIDS. Those who test positive can benefit from early medical care and interventions to treat or prevent associated illnesses; they can also receive counseling and ongoing



Photo by: Armando Waak/PAHO

emotional support. Pregnant women who learn they are HIV-infected can take steps to prevent transmission of the virus to their infants.

It is estimated that 90 to 95 percent of people globally do not know their HIV status, although most would like to. USAID has been the international leader in moving voluntary counseling and testing to the forefront of HIV/AIDS programming. More than 20 USAID programs in Asia and Africa have adopted voluntary counseling and testing as a prevention intervention. New technologies such as rapid tests allowing same-day results are making it easier to get tested by reducing the burden of having to travel back to a clinic for the results and counseling. Studies in Kenya and Uganda are exploring how to expand testing among young people after earlier studies demonstrated that effective counseling helps to reduce HIV risk behavior. Another study showed that the number of people who come in to be tested increased significantly when rapid

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Leading The Way:

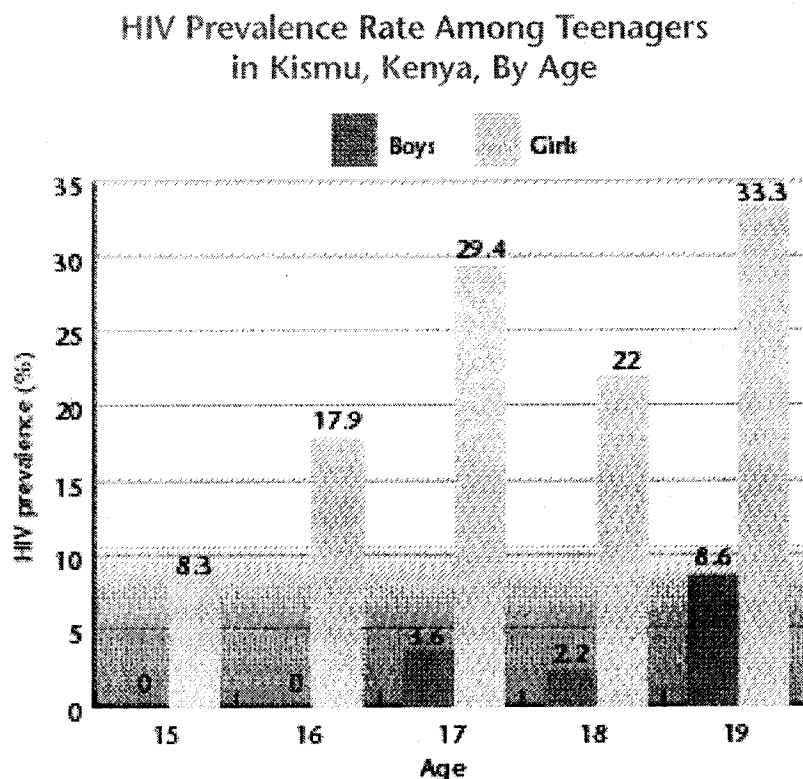
**USAID
Responds
to HIV/AIDS**
1997-2000



U.S. Agency for
International
Development

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Source: National AIDS Programme, Kenya, and Population Council, 1999

(aged 15 to 24). HIV incidence and prevalence among 15- to 19-year-olds in urban areas have also declined, likely due to delayed onset of sexual activity. An array of USAID-supported interventions contributed to these successes, including voluntary counseling and testing, training volunteers to provide basic counseling and nursing services, primary education support for AIDS orphans, workplace prevention education, subsidized condom sales, and HIV/AIDS education and awareness programs for religious leaders and Muslim youth enrolled in religious school.

In *Thailand*, when it became apparent in the late 1980s that HIV/AIDS was exploding among injecting drug users and sex workers, the government

implemented a policy requiring 100 percent condom use in commercial brothels and succeeded in reducing HIV infection rates among military recruits by half. Launched through a nationwide public information campaign and enforced by brothel owners, local police, and health clinics, the policy increased condom use to more than 90 percent. This is widely viewed as an excellent example of how swift and decisive action can arrest the epidemic.

In *Cambodia*, HIV prevalence dropped from 3.9 percent of adults in 1997 to 2.8 percent of adults in 2000. This decline can be attributed in part to a reduction in new infections among groups at high risk and implementation of a 100% condom

use policy in commercial sex establishments. The rate of HIV infection among sex workers below 20 years of age dropped from more than 40 percent in 1998 to 23 percent in 2000.

Zambia has been able to reduce HIV prevalence among 15- to 19-year-olds by 42 percent, while condom use among all age groups in urban areas jumped from 36 percent in 1996 to 48 percent in 1999. Declining prevalence has been attributed to behavior change through delay in the onset of sexual activity and more consistent condom use among youth. A USAID-sponsored mass media campaign aimed at young adults contributed to these trends.

Communicating About Behavior Change

USAID has focused much of its prevention effort on developing, implementing, and monitoring communications strategies to reach specific populations at high risk as well as the general population with appropriate messages. How well the language, content, tone, and style of the message is geared to a particular audience will determine a communication campaign's success. The most effective programs deliver a consistent message through multiple, mutually reinforcing channels (newspaper, radio, billboards, community theater). Research also shows that involving individuals from the particular target community—sex workers, for example—in delivering the

message gives credibility, reduces fear and stigma, and makes it more likely that people hearing the message will follow through with specific behaviors, such as using condoms or getting tested for infection.

One USAID-supported program in Kenya grew from 35 youth theater groups in 1995 to more than 270 groups by 2000, reaching more than 400,000 people with performances that encourage behavior changes and stimulate thought-provoking discussions about the epidemic. The theater groups have popularized the "ABCs" of safe sex—Abstinence, Be Faithful, and Use Condoms—among young people.

Ensuring Access to and Use of Condoms and Other Essential Commodities

USAID has been a leader in promoting the use of condoms to combat HIV/AIDS, both by distributing them directly—close to 364 mil-

lion in 2000 alone—and by developing messages that succeed in getting people to use them.

Condom social marketing is a particularly powerful tool that uses private sector advertising and commercial distribution to make condoms more widely accessible and promote behavior change. USAID support for condom social marketing has significantly

It is estimated that distribution of approximately 300 million condoms can avert up to half a million new HIV infections yearly.

increased condom sales and use where applied. It is estimated that distribution of approximately 300 million condoms can avert up to half a million new HIV infections yearly. In Haiti, for example, cumulative sales of the USAID-supported *Pante* condom reached almost 60 million by the end of 2000. More than 75 percent of sexually active Haitians are aware of the *Pante* condom brand and of the protection provided by condoms against HIV/AIDS.

In addition to condom social marketing, USAID is developing new approaches to procuring and delivering other commodities that can make a real difference in pre-

necessary for preventing and treating HIV and other sexually transmitted infections; testing services to determine HIV status; drugs for palliative care of opportunistic infections, including tuberculosis; and gloves, sterilization equipment, and other items needed to safeguard both patients and health care personnel.

Treating and Controlling Sexually Transmitted Infections

Researchers have found that the presence of other sexually transmitted infections greatly increases the likelihood of acquiring HIV. In regions where untreated sexually transmitted infections are endemic (for example, sub-Saharan Africa), preventing and managing such infections is an important strategy for preventing the spread of HIV/AIDS. However, many factors make designing and implementing infection prevention and control programs difficult. The stigma surrounding sexually transmitted infections makes people reluctant to seek treat-

Risk Populations

- Commercial sex workers and their clients
- Male migrant workers (e.g. truckers, construction workers, seafarers)
- Military/police
- Civil servants
- Men who have sex with men
- Injecting drug users
- Patients with sexually transmitted infections
- Youth, single women

Source: USAID